



THERAPEUTIC USE EXEMPTION (TUE) APPLICATION

Complete all sections **in English**, in capital letters/ typing. This form may be completed online, saved as a document & emailed as an attachment. **Written Signatures not required for online submission but may be required later.**

1. Athlete Information

Surname: Click here to enter text.

Given Names: Click here to enter text.

Male: **Female:**

Date of Birth (dd/mm/yy): Click here to enter text.

Address: Click here to enter text.

City: Click here to enter text.

Country: Click here to enter text.

Postcode: Click here to enter text.

Tel.: Click here to enter text.

E-mail: Click here to enter text.

(with international code)

Sport: Click here to enter text.

Discipline/Position: Click here to enter text.

International Federation or National Sport Organisation: Click here to enter text.

Please mark the appropriate box:

I am part of an International Federation Registered Testing Pool

I am part of a National Anti-Doping Organisation Testing Pool

I request a TUE for the period of XXI Commonwealth Games pursuant to the CGF Anti-Doping Policy Standard

I already hold a valid TUE for the XXI Commonwealth Games and request approval of existing TUE (section 4 must be completed)

If athlete with an impairment, indicate impairment: Click here to enter text.

2. Medical information

Diagnosis with sufficient medical information (see note on diagnosis below):

Click here to enter text.

If a permitted medication can be used to treat the medical condition, provide clinical justification for the requested use of the prohibited medication:

Click here to enter text.

3. Medication details

Prohibited substance(s): Generic name	Dose	Route	Frequency
1. Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
2. Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
3. Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

4. Previous Application: have you submitted any previous TUE application: Yes No

For which substance? Click here to enter text.

To Whom? Click here to enter text.

When? Click here to enter text.

Decision: Approved Rejected

If approved, submit a copy of the certificate with this application.

Intended duration of treatment: Once only or duration (week/month): Click here to enter text.

Retroactive Application: (Please tick appropriate box)

Emergency treatment of an acute medical condition was necessary

Due to other exceptional circumstances, insufficient time or opportunity to submit application prior to sample collection

Advance application not required under applicable rules

Other, please explain: Click here to enter text.

5. Medical practitioner's declaration

I certify that the information in Section 2 & 3 is accurate, medically appropriate and that the use of alternative medication not on the prohibited list would be unsatisfactory for this condition.

Name: Click here to enter text.

Medical speciality: Click here to enter text.

Address: Click here to enter text.

Tel.: Click here to enter text.

Fax: Click here to enter text.

E-mail: Click here to enter text.

Signature of Medical Practitioner: Click here to enter text.

Date: Click here to enter text.

6. Athlete's declaration

I, Click here to enter text. certify that the information under section 1 and 4 is accurate and that I am requesting approval to use a Substance or Method from the WADA Prohibited List. I authorise the release of personal medical information to the Anti-Doping Organisation (ADO) as well as to WADA authorised staff, to the WADA TUEC (Therapeutic Use Exemption Committee) and to other ADO TUECs and authorised staff that may have a right to this information under the provisions of the Code.

I consent to my physician(s) releasing to the above persons any health information that they deem necessary in order to consider and determine my application.

I understand that my information will only be used for evaluating my TUE request and in the context of possible anti-doping violation investigations and procedures. I understand that if I ever wish to (1) obtain more information about the use of my information; (2) exercise my right of access and correction or (3) revoke the right of these organisations to obtain my health information, I must notify my medical practitioner and my ADO in writing of that fact. I understand and agree that it may be necessary for TUE-related information submitted prior to revoking my consent to be retained for the sole purpose of establishing a possible anti-doping rule violation, where this is required by the Code.

I consent to the decision on this application being made available to all ADOs, or other organisations, with Testing Authority and/or results management authority over me.

I understand and accept that the recipients of my information and of the decision on this application may be located outside the country where I reside. In some of these countries data protection and privacy laws may not be equivalent to those in my country of residence.

I understand that if I believe that my personal information is not used in conformity with this consent and the International Standard for the Protection of Privacy and Personal Information I can file a complaint to WADA or CAS.

Athlete's signature: Click here to enter text.

Date: Click here to enter text.

Parent's/Guardian's signature: Click here to enter text.

Date: Click here to enter text.

(if the athlete is a minor or has an impairment preventing him/her signing this form, a parent or guardian shall sign together with, or on behalf of the athlete)

Incomplete applications will be returned and will need to be resubmitted.

Applications should be sent through the Athlete's CGA and be received by the CGF TUEC from thirty (30) days in advance of the official opening of the CGV at the following address: tue@thecgf.com. PLEASE KEEP A COPY FOR YOUR RECORDS.

NOTE on Diagnosis: Evidence confirming the diagnosis shall be attached and forwarded with this application. The medical evidence should include a comprehensive medical history and results of all relevant examinations, laboratory investigations and imaging studies. Copies of original reports or letters should be included when possible. Evidence should be as objective as possible in the clinical circumstances and in the case of non-demonstrable conditions independent supporting medical opinion may assist this application. WADA maintains a series of guidelines to assist physicians in the preparation of complete and thorough TUE applications. The TUE Physician Guidelines can be accessed by entering the search term "Medical Information" on the WADA website <https://www.wada-ama.org>. The guidelines address the diagnosis and treatment of a number of medical conditions commonly affecting athletes, requiring treatment with prohibited substances.